

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90042 024 ***550.00

DOCUMENT # P93000023452

1. Entity Name

MULTIMED SERVICES MEDICAL SUPPLIES AND EQUIPMENT

✓

Principal Place of Business

Mailing Address

913 SW 87 AVE

913 SW 87 AVE

B

B

MIAMI FL 33165

MIAMI FL 33165

2. Principal Place of Business

913 SW 87 AVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

B

Suite, Apt. #, etc.

City & State

MIAMI Florida

City & State

MIAMI FL

Zip

33174

Country

MIAMIDADE

Zip

33174

Country

USA

4. FEI Number

65-0583786

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

GARCIA, DEYANIRE M
 8220 NW 154TH TERR
 MIAMI LAKES FL 33016

7. Name and Address of New Registered Agent

Name OREL FERNANDEZ

Street Address (P.O. Box Number is Not Acceptable)

1102 NW 4 ST

City MIAMI

FL

Zip Code 33172

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE OREL FERNANDEZ (President)

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/13/01

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P
 NAME FERNANDEZ, OREL
 STREET ADDRESS 7165 W 12 LN
 CITY-ST-ZIP HIALEAH FL 33014 ☐ Delete

TITLE V
 NAME GARCIA, DEYANIRE M
 STREET ADDRESS 8220 NW 154TH TERR
 CITY-ST-ZIP MIAMI LAKES FL 33016 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Vice President
 NAME OREL FERNANDEZ
 STREET ADDRESS 1102 NW 4 ST
 CITY-ST-ZIP MIAMI FL 33172 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: OREL FERNANDEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/01 (305) 558 5810

Date

Daytime Phone #

0063919 AV

CR2E034 (5/01)